

<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	<b>Application Number</b>	10/536,691
	<b>Filing Date</b>	Aug. 31, 2004
	<b>First Named Inventor</b>	Villena et al.
	<b>Title</b>	Automatic evaluation system using specialized...
	<b>Art Unit</b>	3689
	<b>Examiner Name</b>	RUHL, DENNIS WILLIAM
	<b>Attorney Docket Number</b>	Homexperts-691

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

**OR**

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<input checked="" type="checkbox"/> Firm or Individual Name	Homexperts, Attn: William Kennedy		
Address	10700 N Kendall Dr., Suite 401		
City	Miami	State	FL Zip 33176
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Telephone	(305) 527-3353	Email	bkennedy@homexperts.net

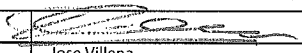
I am the:

☒ Applicant/Inventor.

**OR**

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on \_\_\_\_\_.

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	Sep 9, 2008
Name	Jose Villena	Telephone	+1 (305) 351-8646
Title and Company	CTO HOMEXPERTS, INC.		

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: **Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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**OR**  
☐ The address associated with Customer Number:

☒ **Firm or Individual Name** Homexperts, Attn: William Kennedy

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SIGNATURE of Applicant or Assignee of Record			
<b>Signature</b>	<i>Mario Villena</i>	<b>Date</b>	Sep 9, 2008
<b>Name</b>	Mario Villena	<b>Telephone</b>	+1 (305) 351-8646
<b>Title and Company</b>	VP Mktg. HOMEXPERTS, INC.		

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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